FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCL	IM	ENI	T #

P94000030993 (7)

1. Corporation Name

TRADER AFRICA USA, INC.

Principal Place of Business 12150 NW 10 STREET CORAL SPRINGS FL 33071		Mailing Address 12150 NW 10 STREET CORAL SPRINGS FL 33071				
				3. Date Incorporated or Qualified 04/22/1994	3a. Date of Last Report 05/01/1995	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FE: Number 65-0486639	Applied For Not Applicable	
21 Suite, Apt. #	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Hequired	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199,032, s. IX No	
24	g. Name and Address of Curre			10. Name and Address of New		
7101 V	R, BRUCE S VEST MC NAB ROAD, #103 NAC FL 33321		83	et Address (P.O. Box Number is Not Accepta	Ε	
			84 City	COCAL SPRINGS	FL 85 Zip Code 33011	
or registere familiar with SIGNATURE	o the provisions of Sections 607.050 ad agent, or both, in the State of Flo h, and accept the obligations of, Se Signature, typed or printed name of registered age	rida. Such change was autr ction 607.0505, Florida Stat	atutes, the above-named orized by the corporation	corporation submits this statement for the punis board of directors. Thereby accept the app	urpose of changing its registered office pointment as registered agent. I am	
12.		ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12	
TITLE	0	☐ DELETE	1. 1 1/FLF		Change Addition	
NAME	Palestine, Mark 12150 NW 10 Street		1.2 NAME			
STREET ADORESS	CORAL SPRINGS FL 3307	'1	1.3 STREET ADDRES	SS		
CITY - ST - ZIP	CONTRACT MINOS I E 0307	T DELETE	14 CITY-ST-ZIP 2 1 TITLE		☐ Change ☐ Addition	
TITLE		□ betere	2 1 HILE 2 2 NAME			
NAME STREET ADDRESS			2.3 STREET ADORES	ee		
			24 CITY - ST - ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3. STREET ADDRE	ss		
CITY-ST-ZIP			3 4 CITY - ST - ZIP			
TITLE		DELETE	4 1 101.5		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRES	ss		
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRES	ss :		
CITY-ST-ZIP			5 4 CITY - ST - ZIP			
TITLE		DELETE	6 1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRE	58		
CITY-ST-ZIP			6 4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Froida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

1/12/9/

(305)340-8546